

BEST AVAILABLE COPY

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. 10/535269 | | FILING DATE | | | | |
|--|----------|------|------------------------------------|------|------------------------------------|------|--------------------------------|----------|-------------|------------------------------------|------|------------------------------------|------|
| CLAIMS | | | | | | | | | | | | | |
| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | | | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
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| TOTAL CLAIMS | | | | | | | TOTAL CLAIMS | | | | | | |